## Breastfeeding Role and Examples of Work in the Local WIC Agency

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Trach basic, evidenced based techniques that help ensure a successful start in pressifiending, including milk  y	Breastfeeding Issue/Topic/Situation				
production, skin-to-skin, positioning and latch, and milk expression and storage.  A	Support breastfeeding participants from pregnancy through growth spurts, introducing solids, and weaning.	х	Х	Х	Х
production, skin-to-skin, positioning and latch, and milk expression and storage.  A W X X X Austrantia (Infant Teeding cues, and normal linfant weight gain and stooding patterns.  A X X X X X Education (Infant Teeding cues, and normal linfant weight gain and stooding patterns.  A X X X X X X X X X X X X X X X X X X	Teach basic, evidenced based techniques that help ensure a successful start in breastfeeding, including milk		~	~	· v
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Intelligent	Education regarding use of breast pump and feeding expressed breast milk.	х	Х	Х	X
Identify signs of a good latch, positioning, and active eating at the breast.  Ask six mother in Inding confortable and effective positions for breastfeeding.  Basic engogement management.  Basic plaged duct management.  A X X X X Basic paged active management.  Basic plaged duct management.  A X X X X X Provide education & support regarding maternal medication use, utilizing current edition of the book.  A X X X X X X Drovide education & support regarding maternal medication use, utilizing current edition of the book.  A X X X X X X Drovide education and Morthers' Milk by Thomas W. Hole, BPh, PhD.  Discuss in consultation with mothers, an individualized feeding plan.  A X X X X X X Discuss in consultation with mothers, an individualized feeding plan.  A X X X X X X X X X X X X X X X X X X	Help mothers plan for a return to work/school that supports the continuation of breastfeeding.	х	Х	Х	X
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Basic physical duct management.    X	Assist mother in finding comfortable and effective positions for breastfeeding.	х	Х	Х	X
Provide education & support regarding maternal medication use, utilizing current edition of the book    X	Basic engorgement management.	х	Х	Х	X
Medications and Mathers' Milk by Thomas W. Hale, RPh. PhD.  Documentation of all encounters with breastfeeding dyad.  Discuss in consultation with mothers, an individualized feeding plan.  Paraprofessional support, gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.  Manages a caseload of WIC mothers and makes routine periodic contacts will all mothers assigned.  Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program  a visual basic program and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.  Antepartum admission with increased risk of preterm delivery  Delayed breastfeeding initiation  Latch difficulties that do not resolve within 2-3 days  Plugged duct and engorgement management that are not resolved after 24 hours  Mother-infant separation (e.g. infant in NICU or hospital)  Nipple disconfort that does not resolve with a assistance regarding adjusting milk volume if necessary.  Multiparous mother with history of breastfeeding infficulty  Nipple disconfort that does not resolve with that dea not resolve management that are not resolved after 24 hours  Multiparous mother with history of breastfeeding infficulty  Nipple disconfort that does not resolve with a dea not resolved after 24 hours  Not the resolvent of the dea of the resolvent 24 hours  Not the resolvent and provide education and assistance regarding adjusting milk volume if necessary.  Multiparous mother with history of breastfeeding infficulty  Nipple disconfort that dees not resolve in 24 hours  Nipple disconfort that dees not resolve in 24 hours  Nipple disconfort with disconfort not resolved within 24 hours after PC/CLS/CLC evaluation and feeding plan not effective.  Nipple disconfort of breastfeeding problems beyond scope of PC, CLS, and CLC.  Maternal breast conditions (e.g. breast/nipple anomalies, glandular insufficiency, and history of breast surgery).  Mat	Basic plugged duct management.	х	Х	Х	X
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Multiparous mother with history of breastfeeding difficulty  Suboptimal/inadequate milk transfer leading to medical recommendation to supplement  Infant with symptomatic jaundice  Infant with weight loss 2 10% of birth weight before discharge from hospital  Infant not at birth weight by 2 weeks of age  Assess need for alternative feeding device and implement use if appropriate  More complex maternal and infant breastfeeding problems beyond scope of PC, CLS, and CLC.  Maternal plugged duct, engorgement, or nipple discomfort not resolved within 24 hours after PC/CLS/CLC evaluation and feeding plan not effective.  Maternal breast conditions (e.g. breast/nipple anomalies, glandular insufficiency, and history of breast surgery).  Maternal breast mastitis/abscess.  Maternal acute illness/conditions/surgery (e.g. preeclampsia, postpartum depression, gallbladder surgery).  Maternal acute illness/conditions/surgery (e.g. preeclampsia, postpartum depression, gallbladder surgery).  Maternal endocrine disorder (e.g. polycystic ovary syndrome, infertility, thyroid disorders, diabetes).  Maternal informic conditions that might impact milk production.  Maternal illn production issues not resolved within 5-7 days after CLS/CLC evaluation and plan not effective.  Mother or baby have symptoms of thrush/yeast infection.  Infant who is not latching after initial CLC/CLS evaluation and feeding plan not effective in resolving issue.  High risk infant (e.g. premature, late preterm, small/large for gestational age, multiples)  Infant weight gain is less than 4.5 ounces per week.  Infant with congenital anomalies.	Nipple discomfort that does not resolve in 24 hours		Х	Х	
Suboptimal/inadequate milk transfer leading to medical recommendation to supplement       X       X         Infant with symptomatic jaundice       X       X         Infant with weight loss ≥ 10% of birth weight before discharge from hospital       X       X         Infant not at birth weight by 2 weeks of age       X       X         Assess need for alternative feeding device and implement use if appropriate       X       X         More complex maternal and infant breastfeeding problems beyond scope of PC, CLS, and CLC.       X         Maternal plugged duct, engorgement, or nipple discomfort not resolved within 24 hours after PC/CLS/CLC evaluation and feeding plan not effective.       X         Maternal preast conditions (e.g. breast/nipple anomalies, glandular insufficiency, and history of breast surgery).       X         Maternal breast mastitis/abscess.       X         Maternal acute illness/conditions/surgery (e.g. precalampsia, postpartum depression, gallbladder surgery).       X         Maternal endocrine disorder (e.g. polycystic ovary syndrome, infertility, thyroid disorders, diabetes).       X         Maternal endocrine disorder (e.g. polycystic ovary syndrome, infertility, thyroid disorders, diabetes).       X         Maternal milk production issues not resolved within 5-7 days after CLS/CLC evaluation and plan not effective.       X         Mother or baby have symptoms of thrush/yeast infection.       X         Infant who is not latching after i	Assess mother's milk production and provide education and assistance regarding adjusting milk volume if necessary.		Х	Х	
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